

## BRITISH MEDICAL ASSOCIATION.

## SUBSCRIPTIONS FOR 1897.

SUBSCRIPTIONS to the Association for 1897 became due on January 1st. Members of Branches are requested to pay the same to their respective Secretaries. Members of the Association not belonging to Branches are requested to forward their remittances to the General Secretary, 429, Strand, London. Post-office Orders should be made payable at the General Post Office, London.

**British Medical Journal.**

SATURDAY, JANUARY 30TH, 1897.

## THE SCHEME FOR MEDICAL DEFENCE.

WE publish on page 277 the report to the Branches of the British Medical Association, drawn up by the Special Committee appointed by the Council of the Association to consider the subject of medical defence. This Committee was appointed at the meeting of the Council on October 21st, and to it were referred the resolutions adopted at the annual meeting at Carlisle, together with the schemes which had previously been drawn up. These schemes included that provisionally adopted by the Council and submitted to the annual meeting at Carlisle, together with certain amendments to it suggested by Dr. Rentoul, a scheme drawn up by Mr. Butlin, and a scheme prepared by Dr. Welsford and Mr. Victor Horsley.<sup>1</sup>

It will be remembered that the annual meeting at Carlisle affirmed the principle that no scheme for medical defence would be adequate which did not provide that the privileges and obligations of medical defence should be shared by all members of the British Medical Association in the United Kingdom. It was to be compulsion or nothing. The Special Committee have therefore worked upon this basis, and, after holding two meetings, have, in accordance with the instructions of the Council, taken steps for the circulation of their report to the members of the Branches in the United Kingdom. By its publication to-day in the *BRITISH MEDICAL JOURNAL* it is brought under the notice of members unattached to Branches.

The scheme proposes an important new departure in the work undertaken by the Association, and is therefore worthy of the most careful consideration on the part of all the members. It will be seen that it is proposed that contribution to the funds for medical defence should be obligatory on every member of the Association resident in Great Britain and Ireland, whether a member of a Branch or unattached. All members resident in the United Kingdom would under the scheme be entitled to claim individual assistance under certain conditions, and with certain limitations which are clearly laid down in the report of the Committee.

Turning to the last clause of this report, it will be seen that it is contemplated that the work of medical defence should be undertaken under both its aspects, namely, in the first place the defence of individual members in respect of

civil and criminal proceedings instituted against them, or of proceedings instituted by them for libel or slander; in the second place the more general aspect of medical defence, that is to say, the protection of the privileges and interests of members of the medical profession generally and as affected by legislation, as also the taking of proceedings under the Medical Act, the Apothecaries Act, or any other Act affecting the interests of the medical profession, is also brought within the scope of the scheme. The importance of this second aspect of medical defence will not be lost sight of in forming an opinion on the merits of the scheme. It is an aspect which affects all members of the medical profession who hold British qualifications, and it would give to the work a public character, since it is a public service to enforce the laws which the Legislature has passed for the protection of the public against the impositions of unqualified practitioners.

The scheme proposes the appointment of a Standing Committee, consisting of nine members, of whom four may be members of the Association who are not members of the Council. It is proposed to give to this Committee absolute discretion to give or withhold assistance.

This Standing Committee would have power to incur expenditure up to the limit of £200 in any particular case without reference to the Council, but expenditure beyond this amount would require special sanction. The liability of the Association is limited by the proviso that under no circumstances shall the damages incurred by a medical man in any proceeding be paid by the Association. Discretion would also be given to this Standing Committee as to the mode in which the cases should be conducted, whether under the direct supervision of the Committee itself, or under the supervision of a Branch, or by any other body or person. The only specific limitation of the freedom of action of the Standing Committee would be that it would be required, before taking any legal action within the area of a Branch, to communicate with the Secretary of that Branch.

The scheme proposes that the Standing Committee should have the services of a paid Organising Secretary, and should be empowered to obtain the advice of a solicitor. It proposes, also, that the annual subscription for defence purposes required from members of the British Medical Association resident in Great Britain and Ireland should be some sum not less than five shillings, and that, if at any time increased, the amount should not exceed ten shillings. The accounts in the matter of medical defence would be kept entirely distinct from the general accounts of the Association. Members of the Standing Committee would receive travelling expenses, but no fees for attendance unless at some future time the Council of the Association should be of opinion that the medical defence funds justified the payment of such fees.

There is one proposal in the scheme to which we have not yet referred, but which might not improbably prove to involve duties which would be among the most important and onerous to be undertaken by the Standing Committee. It is the paragraph which proposes to entrust to this Committee the settlement of disputes between members of the medical profession and the duty of adjudicating upon questions of professional conduct and etiquette. Disputes between individual members of a numerous profession such as ours must inevitably arise, and it would be to the advantage both of individual members and of the profession at large that there should be means of bringing them speedily for

<sup>1</sup> These schemes have been published in the *BRITISH MEDICAL JOURNAL* of the following dates: Council's scheme June 27th, 1896, p. 1575, and July 18th, 1896, p. 157; Mr. Butlin's scheme, June 27th, 1896, p. 1576; Dr. Welsford's scheme, February 8th, 1896, p. 350.

adjustment to the friendly arbitration of an impartial tribunal.

The first question submitted by the Special Committee to Branches states very clearly these two aspects of medical defence—the individual and the collective; and it is well that in all discussions upon the subject these two aspects should be borne in mind. The second question asks for an opinion on the scheme as submitted to the Branches, and the third for suggestions as to any amendments which may seem to be desirable.

### THE SICK CHILDREN'S BOARD.

It is with considerable satisfaction that we have learnt that at last the Local Government Board have moved with regard to the many sick children to be found in the large metropolitan pauper schools.

Their proposal is to form "the several unions and separate parishes in the metropolis into a district, for the purpose of the relief of certain classes of children." The classes to which it is proposed the scheme shall apply are "children suffering from ophthalmia, contagious diseases of the skin or scalp, children requiring either special treatment during convalescence or the benefit of sea air, children who by reason of defect of intellect or physical infirmity cannot properly be trained in association with children in ordinary schools, and children who are ordered by the Industrial Schools Act to a workhouse or asylum in the district."

Such, then, are the classes of children who are to be dealt with. Let us see who are to deal with them. Shortly, the guardians, and the guardians only, with the exception of such few persons as the Local Government Board may see fit from time to time to nominate to serve with them. The Board is not to be elected by, or in any sense to be directly responsible to the ratepayers. The fifty-five guardians of whom it is to consist are to be elected by the guardians of the unions and separate parishes concerned. Thus the old and often condemned system of indirect representation is to be revived.

It will be remembered that the Poor-law Schools Committee were to all intent unanimous in recommending the appointment of a Central Metropolitan Board, which would have the care of all the London pauper children. At first sight it may appear as if this newly constituted Board were in accordance with that recommendation, and a step in the right direction, but a closer examination into the facts of the case will show the dangers, difficulties, and inherent weaknesses of the new proposal.

In this JOURNAL it will, we believe, be unnecessary to prove that the aggregation of numbers of young persons is in itself productive of certain diseases of malnutrition, and that the system lends itself to the spread of zymotic diseases, as well as ophthalmia, ringworm, and contagious disorders of the skin and scalp. The simplest method of reform, therefore, would seem to be not to constitute a new Board in order to remedy the results of a condemned system, but to appoint a Board which would aim at the abolition of the barrack schools, in the fruitful soil of which disease takes root and weakness abounds.

The Central Board as recommended by the Departmental Committee was to have possession and control over all the existing buildings. This would have enabled them to sell some, and administer others for special purposes, after due

classification had been secured; but, as we understand it, this Board is to have no such jurisdiction. It is to begin work with some 1,000 or 1,500 sick children and no appliances. It can therefore only build, and once more, it is to be feared, we shall see a repetition of the policy of the guardians with their uncontrolled expenditure, multiplied institutions, ineffective results, and persistent inability to see virtue in any plan for children but that of institutions.

Recognising the policy that it is wise to accept the gifts of the gods, even although they are not such as we should ourselves have chosen to receive, we would urge that public pressure be brought to bear to induce the Local Government Board to extend the powers and responsibilities of this newly-created body.

But the powerlessness of the new Board is not the only matter which calls for attention; its size will render it unnecessarily cumbersome; its personality will be wanting in variety and representative character. As it stands, its work is too small and its responsibilities too limited to attract the services of the best men and women, and we very much doubt whether Boards of Guardians as now constituted could supply enough persons of suitable social standing and educational status to adequately man such a Board. Selected, as this must be, primarily and for all majority purposes solely from the guardians, we confess we view the future of the sick children committed to its care with anxiety, because the guardians have not shown themselves hitherto to have been specially suitable for administration which is hygienically successful or financially economical.

We do not, however, understand the draft order to be anything more than a tentative scheme put forward with a view to ascertaining the opinions of the guardians and those who are otherwise generally interested. It would be anticipatory to predict those opinions. There can be no doubt that certain guardians will be chagrined at discovering that in the opinion of the Local Government Board they are no longer to be counted fit to manage their sick children, and that they are required to hand them over to a body which will be financially as well as organically beyond their control.

On the other hand there will be some who will see in the proposed Central Sick Children's Asylums Board the seed of the larger Metropolitan Board, which it is ultimately hoped will have the care of all the London Poor-law children and institutions. A careful study of the subject, not only from the purely professional point of view, but in its ethical and economic aspects, extending now over many years, disposes us to advocate that every possible influence be brought to bear to induce the Government to make this new Central Board a strong, powerful, and responsible body—one fit to command public confidence, and to do what must ultimately be done, namely classify and segregate the children until they are absorbed into the working class population.

### NURSES À LA MODE.

It is gratifying to those who wish well to the nursing profession to see that the lay journals are opening their pages to a discussion on the present phase of private nursing. We have before us an article in the current number of the *Nineteenth Century*, from the pen of Lady Priestley, and in the *National Review* two articles have followed each other on the same subject. The

question of nursing concerns closely members of the medical profession, and no doubt in some cases the success of treatment is largely due to the services of the trained nurse at the bedside. It is because of this that Lady Priestley has sharply criticised the nurse *à la mode*. Everything that this lady writes is entitled to respect, but there are reasons for a divergence of opinion.

Lady Priestley casts longing eyes on the Roman Catholic Sisters and the nurses of the religious community, and seems to imply that a return to that or some analogous system would work the cure for the evils of which she complains. Is not this to introduce an element foreign to the discussion? No one will deny that a high religious ideal in the individual enhances the value of the worker in any calling, but it will not take the place of technical skill; moreover, in our present social system the "religious" nurse is by no means generally asked for. Nursing by the religious orders abroad is not always such as to recommend itself to the English practitioner. Lady Priestley appears disposed to consider that the modern nurse is arrogant and dictatorial, flighty and frivolous; that she is overtrained and underbred, an *intriguante* of the first water, a matrimonial adventuress, and an expensive luxury of doubtful utility. These are grave charges, and should cause searchings of heart to all who are responsible for her existence. But is this a fair picture?

In the first place the writer of the article is speaking of the private nurse, after all only a section of the great body of nurses who, in the hospital, the district, and the workhouse, are doing work of which anyone may be proud. For one nurse who figures in the police reports, or is the heroine of the unsavoury romance of the divorce court, there are hundreds, nay thousands, of good women who, true to the best traditions of their sex, are quietly doing their duty by their patients and their employers. Hence it seems hardly just to judge of a class by those who attain the unenviable notoriety of the evil-doer.

But though doing battle for nurses as a class, it must sorrowfully be admitted that there is some justification for Lady Priestley's charges in the modern development of the private nurse, and for this development the public is much to blame. A sensational phase has crept into the employment of the sick nurse which is the opposite of a sober business-like transaction; there is a prevalent impression that she must be young, attractive, of fascinating manners, well dressed; the supply has adjusted itself to the demand, a fact that is now, we are told, pressing heavily on many a middle-aged nurse who finds that her experience counts for little if she be past her first youth. We are quite in accord with Lady Priestley in her wish that more discrimination were exercised by the heads of institutions in selecting a nurse for an engagement; as the nurses exist for the public, the rule of rotation should give way when the exigencies of the case require. To send a young nurse to be the sole companion of the bachelor in his chambers, or to keep her dangling after a man through an idle convalescence, is not seemly; the question of sex cannot be ignored. Though accepting the fact that the relation between patient and nurse, as between patient and doctor, is a purely professional one, still it is necessary to take into account that the situation may become strained, and then the business side of the question goes to the wall.

We do not feel sure that the hospital authorities and the

medical staff have acted wisely in allowing the control of this important section of the nursing profession to slip from their hands; this has resulted in the creation of the nursing agencies which, whether in their own or the nurse's interest, have done much to contribute to the existence of the undesirable private nurses, of whom Lady Priestley complains. One of the remedies she suggests is the evolution of a lower grade nurse who will sell her services more cheaply; on the other hand there are good grounds for holding the opinion that before a nurse shall be allowed to practise her profession she should be thoroughly equipped, nor do we see that only those who can afford a higher figure should be served by the highly trained nurse. In the public interest the nurse should be fully trained, and then it is only fair that she receive the proper market price for her services. If the employer cannot afford that, then the nurse has an opportunity as an act of grace to lower her fees.

In the article on which we are commenting, the writer quotes, from Dr. Charles West's recent work on the *Practice of Medicine*, a passage which is worthy of the fullest consideration, as the opinion of one who early in the sixties was in the van in this very work of improving the nursing of the Hospital for Sick Children. Dr. West speaks of the private nurse as a "free lance" under no discipline. It is so, and this state of the case must be fully faced before the root of the evil can be reached. She is not really under the control of the head of the nursing institution, her work is subjected only to the criticism of the family, in regard to which she can maintain an independent attitude so long as she can please the medical attendant. It must be admitted, however, that it is difficult to make any suggestion as to the provision of an effectual system by which discipline may be maintained. Under these circumstances it appears that the remedy, such as it is, must be applied during the period spent in the hospital; and here it may be questioned whether the tone maintained in the schools of training is such as will best fit the probationer for the work that lies before her. Has there not been too much sentimentality talked about the "sadness and strain" of the nurse's life, and therefore the urgent necessity for amusement? Are not matrons and governors somewhat to blame in encouraging the probationer to think that amusement comes first, and sick-nursing second?

With regard to the charge that the nurse is quite ready to assume the rôle of the doctor, this again seems to be a hasty generalisation; because occasionally a conceited young woman scoffs at a surgeon as being behind the age and airs her technical terms in the hearing of the unlearned, it does not follow that the majority of nurses are guilty of such indecorum. But there is ground of complaint that it has been the tendency of late to develop the theoretical side of the training until the average probationer has more theory to learn than she can assimilate or put in use in her practical work. From this point of view there is much to be said in favour of the old system, which kept the probationer entirely to practical work for the first year; at least it taught her the importance of practical knowledge and diminished the physical and mental strain, leaving her more leisure to understand her bedside work and its various technicalities. As the scientific teaching is mainly in the hands of the medical staff, it rests with them to frame such a course of lectures as shall meet the wants of the nurse without being

so full of detail as that prescribed for the medical student. It is difficult to hit the happy mean, but we feel sure that if the teachers of the nurses will endeavour to look at the science question from the standpoint of the nurses' work such a course may be evolved.

Young and immature women should be rigorously excluded from the hospitals, and in awarding the marks for examination the highest place should be given to practical work. The wearing of the uniform off duty ought to be discouraged, and positively forbidden in all places of amusement. And lastly the heads of the training schools should use their best endeavour to manage these establishments on a business-like footing. Still, in the end, the whole question is in the hands of the public, and when a healthy opinion is created on the nursing question the style of nurse for private work will improve.

PROFESSOR PAUL EHRLICH, of Berlin, Director of the State Central Station for Diphtheria Serum, has been named a Medical Privy Councillor.

THE municipality of Mexico has given the name of Pasteur to the gardens situated in front of the National School of Medicine in that city.

#### STATUES TO PASTEUR.

THE subscriptions in France and other countries for a statue to Pasteur now amounts to more than £10,000. M. Paul Dubois has been selected as the sculptor, and the site for the statue will probably be the space between the Rue de Médecins and the Luxembourg Gardens. More than £20,000 has already been spent in the erection of statues of Pasteur in various parts of France.

#### BRITISH PORTS AND THE PLAGUE.

UNDER the directions of the President of the Board, Dr. Thorne Thorne, C.B., Principal Medical Officer of the Local Government Board, has made arrangements that all ports in England and Wales having relations with British India are to be visited by medical inspectors of the Local Government Board. Dr. Thomson, Dr. Bulstrode, and Dr. Reece have already begun their inspection, and visits to the Ports of London, Plymouth, Bristol, and Gloucester are now in progress. The object of these visits is much the same as that which was so satisfactorily carried out in 1892 and the two following years, when there was grave risk of the importation of cholera into this country.

#### THE MICROBE, ANTITOXIN, AND VACCINE OF RINDERPEST.

DR. W. J. SIMPSON, Health Officer of Calcutta, continues his experiments in rinderpest. The results which he has obtained up to the present time are as follows. In the latter part of 1894, while carrying on some experiments with the object of elucidating the origin of small-pox, Dr. Simpson discovered the microbe of rinderpest, and soon after began certain experiments with this microbe. The stage to which these experiments had reached in the early part of this year is set forth in the preliminary note which appeared in the BRITISH MEDICAL JOURNAL of May 9th, 1896. In May last Dr. Simpson visited the laboratories of London and Paris with the object of becoming thoroughly acquainted with all the most recent methods of preparing antitoxic and bactericide serum, believing that for a disease such as rinderpest this is the only direction in which a curative for the disease can be found. Since his return to India he has been engaged as far as his spare time would allow in advancing his experiments in this direction. In connection with these ex-

periments a horse and a bull have been rendered quite immune to the rinderpest microbe, so much so that if a large and fatal dose of the microbe is given to a healthy animal, and at the same time a similar dose be given to the immune animal, the former will die of rinderpest and the latter will remain quite unaffected. From these highly immune animals which have been rendered so by four months' treatment, Dr. Simpson proposes to obtain antitoxic and bactericide serum, and try its curative effect on animals affected with rinderpest. He finds also that by treating the microbe in a certain manner and inoculating it into healthy animals, a non-fatal and mild form of the disease is produced in them, and his experiments as far as they have gone (though it is necessary to carry them further) tend to show that those which suffer from this mild disease are protected for some time at least from rinderpest. This he calls the rinderpest vaccine, as distinguished from the antitoxin and bactericide serum.

#### THE BENIN EXPEDITION.

THE *Malacca*, the hospital ship for the Benin Expedition, sailed from the Albert Docks on January 23rd. Her departure was witnessed by the First Sea Lord of the Admiralty, Sir Frederick Richards, and by the Director-General of the Medical Department of the Royal Navy. Sir James Dick may well feel proud of the speed and completeness with which the department under his direction has achieved the task of transforming an ordinary P. and O. cargo vessel into a splendidly equipped hospital ship. Practically the change was accomplished in five days. The vessel had first to be cleared to receive the hospital fittings. We have already described the nature of the change made. The orlop deck has been converted for the use of convalescents. No. 2 hold is fitted as a hospital ward, with steel swinging cots provided with punkahs. There is a second hospital deck at the after end. The operating room is provided with an oak operating table securely fixed to the deck. The room is lighted by electricity, and a movable light attached to a flexible cable is provided. An irrigator is suspended from the ceiling, and two glass barrels for antiseptic solutions are properly secured by brass bands with india-rubber stays to the side of the ship. The room has a sink supplied with hot and cold water, and is fitted with one of Schimmelbusch's sterilisers heated by methylated spirit. Adjoining is the dispensary fitted with a solid counter, desks and cupboards, as well as with a sink supplied with hot and cold water. These rooms have been fitted up by Messrs. Evans and Wormull. There is a special ward containing four cots for officers, and accommodation for nine convalescent officers and for the three nursing sisters—Miss Isabella Smith, Miss Kate M. Negus, Miss Eva M. Keogh. The medical staff is as follows:—Fleet-Surgeon Michael Fitzgerald, Staff-Surgeon G. P. Gipps, and Surgeons J. Grant, G. Macgregor, R. H. Way, and E. Sutton.

#### DIPHTHERIA IN LONDON.

THE deaths from diphtheria registered in London last week showed an increase, 63 fatal cases being recorded, against 49, 71, and 52 in the three preceding weeks; this number exceeded by as many as 30 the corrected average in the corresponding weeks of the ten preceding years. The notifications of diphtheria in London, which had been 318, 238, and 211 in the three preceding weeks, rose to 236 last week. The increase was most marked in South London, due principally to a considerable increase in the prevalence of diphtheria in Camberwell, where 31 new cases were notified, against but 15 in the preceding week; and in Battersea 17 cases were notified, against 10 and 5 in the two preceding weeks. In West London there was a further increase in the prevalence of the disease, principally in Paddington, where 10 new cases were notified, against 1 and 6 in the two preceding weeks. In North London, however, there was a marked decline in the prevalence of diphtheria, the 39 new cases being fewer than in any week for some months past. The slight rise in the

number of notified cases in East London last week was due to a marked increase in the prevalence of diphtheria in Mile End Old Town. The admissions of diphtheria patients into the Metropolitan Asylums Hospitals during last week were 93, against 114, 103, and 108 in the three preceding weeks; and 874 patients remained under treatment in these hospitals on Saturday last, January 23rd.

#### THE DIAMOND JUBILEE AT PORTSMOUTH.

THE Mayor of Portsmouth and the Hospital Committee are hoping to celebrate the longest reign in English history by at least commencing the erection of a new hospital. The existing building is very defective, and quite out of date, and the humane enterprise of erecting a new building on modern lines, to celebrate the sixtieth year of the Queen's reign, must create much enthusiasm in the loyal centre of Portsmouth, which enjoys the reputation of being the chief naval arsenal in the kingdom. The Committee have retained the services of Mr. Keith Young, and we hope to have something more to say upon the matter when his plans for developing a new hospital on the present site are under consideration.

#### THE JENNER SOCIETY.

WE are requested to direct attention to the fact that the Jenner Society issues publications of various kinds dealing with the question of vaccination and small-pox, and that any person who wishes for information on the subject can obtain it by applying to Dr. Bond, the honorary secretary of the Society at Gloucester.

#### UNQUALIFIED PRACTITIONERS AND THE PUBLIC.

A RECENT issue of the *Durham County Advertiser* contains a report of a public meeting held in the schoolroom, Langley Moor, for the purpose of hearing an address on The History of Medicine, by a Mr. J. Tempest, to whose name are attached the letters M.D., LL.D. We have been unable to find the name of Mr. Tempest in the *Medical Register*, and his claim to give an address upon the history of medicine seems no better founded than his qualifications for practising it. The meeting was really to eulogise a so-called system of medicine which the lecturer described as the "American Reform System." He went on to state that this peculiar method of treating disease was by remedies purely herbal. He deprecated the "other system" practised by the "regular doctors," because they used minerals which could not, he said, be otherwise than harmful to the human system. "He had no hesitation in saying that in the past 500 years more people had been poisoned by mineral medicines than had been destroyed by all the wars and pestilences that had yet visited the earth." It is amusing to find that "herbalism" should after so many years be described either as something new or as something "made in America;" and why the mineral world should be so abused when the vegetable kingdom possesses so many rank poisons is hard to determine. Another meeting was held in the same place on the following evening, but not for such a peaceable purpose as listening to an address upon the history of medicine. It was held to consider the conduct of the coroner of the district, who had apparently performed his duty by holding an inquest upon the body of a woman who had been attended by "Dr." Hudspeth, an unqualified person! The coroner had been held up to public derision because he had stated in court, according to the report from which we quote, that Mr. Hudspeth was "actionable for attending the case, and for giving a certificate of death." Mr. Hudspeth's qualification entitling him to the privileges of a registered practitioner was described as one "recognised by Somerset House and the Board of Trade." What this phrase may mean we do not know, but it may be remembered that the Council of Safe Medicine, Limited, was a company which some time back was registered at Somerset House under the Companies Act, and was the subject of an action—the Attorney-General obtaining an injunction against those form-

ing it, and thereby putting a stop to any further distribution of its "degrees" of M.D.B.C. (Doctor of Medicine, Botanic College). In addition to considering the conduct of the coroner, the meeting proceeded to hear a "practical demonstration of the superiority of medical reform," whatever that may mean. We conclude by the speeches which followed that medical reform is another name for unqualified practice, because "Dr." Steele, "Dr." Temple and others warmly urged their hearers not to employ in cases of illness "drug doctors," or any other treatment than the herbal medicines advocated by them. In the end a vote of confidence in "Dr." Hudspeth was proposed, and we need hardly say, unanimously agreed to. It may be interesting to our readers to learn that one of the speakers suggested that a "Medical Defence Association" should be formed to defend the principles of the reform system of medicine.

#### THE INTERNATIONAL SANITARY CONFERENCE.

It is announced that all the Powers have agreed to send delegates to the proposed International Sanitary Conference, and that it will assemble in Venice on February 10th. India also will be represented. France will be represented by M. Barrère, the French Ambassador in Switzerland, and by Dr. Brouardel, the Dean of the Paris Medical Faculty, and Dr. Proust, the President of the Consultative Hygienic Committee. Switzerland will be represented by Dr. Carlin, the Minister in Rome of the Federation, and by Dr. F. Schmid, Director of the Swiss Department of Public Health.

#### THE VACCINATION WEATHERCOCK AT GLOUCESTER.

IN November last the antivaccinators endeavoured to make great capital, both at Gloucester and elsewhere, of the results of the elections to the City Council, by which a certain number of Conservative members of the Council were evicted, and their places taken by Liberals. Most of these latter belonged to a so-called "Independent" party, which had been formed just previously by a combination of an active municipal agitator, who is himself an advocate of vaccination, and of his friends, who posed as Independents, with men who are equally opposed to vaccination. The result of this manoeuvre, backed up as it was by a most violent attack on the Sanitary Committee of the City Council, who were most of them Conservatives, was to oust the chairman of the Sanitary Committee, and also a medical member of the Committee, from their seats, and to bring about the election of a combination of Liberals and Independents, including the secretary of the local branch of the Antivaccination League. This was claimed as a great antivaccination triumph, and as a proof that Gloucester was more strongly opposed to vaccination than ever. We took some trouble at the time to investigate the facts of the case, and thought it well to explain what they really were. The accuracy of the explanation of them which we then gave has been fully confirmed by the result of a by-election which has recently taken place in one of the wards of the city, to fill up the vacancy caused by the death of one of the councillors who was elected in November. On this occasion there were three candidates: a Conservative who was defeated at the November election, and who made no statement as to his views on the subject of vaccination, but who was dubbed by the antivaccinators a "coercionist;" a local tradesman, who came out under the auspices of the Liberal Association, and who announced himself a believer in vaccination but opposed to compulsion; and one of the leaders of the antivaccination party, who posed as an "Independent." During the course of the election a very pretty squabble arose between this candidate and his friends and other members of the Independent faction, charges and recriminations of the most personal character being freely bandied about between them. Indeed, the leader of the Independents, who had incurred the ire of the antivaccinators for deserting them, was openly charged with

dishonesty. The result of this split in the Liberal party was that the "coercionist" candidate came in at the head of the poll, beating his two opponents put together, the antivaccinator being at the bottom of the poll with a merely nominal number of votes. The following are the actual numbers: Hatton (Conservative), 589; Beale (Liberal A.C.), 412; Baker (Independent A.V.), 27; Conservative majority over both opponents, 150. We have thought it worth while to put these facts on record, not only because the results of the November elections were trumpeted all over the country as a proof of the increasing progress of the antivaccination agitation, even in a city which had undergone the terrible experience of Gloucester, but because it was currently rumoured at the time that the Government had been materially impressed by these statements and were likely to be influenced by them in the Bill which they were understood to have in preparation to give effect to the recommendations of the Royal Commission. It is sincerely to be hoped that the Government will not be misled by such plausible misrepresentations as this into capitulating to an agitation the noise of which is out of all proportion to the real intellectual, social, or political weight of those by whom it is made. There is indeed plenty of enthusiasm at the bottom of the antivaccination agitation, but it is the enthusiasm of a mere handful of soldiers in buckram, who trot backwards and forwards over the stage, blowing their trumpets and beating their drums as if they were a veritable army, and with declarations of coming victory which are calculated to mislead the ignorant.

#### OUT-NURSING OF HOSPITAL PATIENTS.

A SCHEME is put forward in connection with Guy's Hospital for the nursing of out-patients, and of in-patients who are discharged from the wards, who for some valid reason are unable to go to convalescent homes, and for providing them with medical requisites. It is proposed to place a trained nurse in each district surrounding the hospital, and it is estimated that the services of one nurse would suffice for the wants of each district. A fund is being raised for this purpose to provide £100 for each nurse, and it is intended for the present to place one nurse in the Home of St. Olave's District Nursing Association in Bermondsey. It is urged by the promoters of the scheme that it will increase the capacity of the hospital by removing such patients to their own homes whose treatment can be undertaken and completed at home. An experienced correspondent writes with reference to this subject: "There is much in this scheme to recommend it, especially in the case of the out-patients; the out-patients at the Hospital for Sick Children, Great Ormond Street, have been visited regularly by the sisters attached to the department for a great number of years with manifest advantage to the little patients, so that for that part of the scheme I have nothing but praise. The weak part of the proposal appears to be that the nurse is dissociated from the hospital and placed in another community of nurses with which she has no connection, thus removing her outside the range of hospital supervision. As it is to be presumed that she would be daily in attendance at the hospital to receive her instructions, would it not be possible to house a staff of these outdoor nurses in connection with the hospital? Nothing but good can come of the systematic nursing of the poor in their own homes.

#### EDINBURGH ROYAL INFIRMARY.

WE very much regret to hear, and the regret will be shared not only by old students of the Edinburgh Medical School, but also by the profession at large, that for some time back an unfortunate state of tension has existed between the managers and staff of the Edinburgh Royal Infirmary. Everybody has been in a state of animated expectancy as to what is going to happen next. It is difficult to understand how or why this

should have arisen. Probably it is due to the rather misdirected zeal of a small section of the managers, who wish to teach the members of the medical and surgical staff that they are servants, and may be thankful to take what they get from their masters. This is shown in many ways. The most persistent form is a craze for economy. It should be remembered that the hospital is one of the wealthiest corporations of the kind in the kingdom. How far economy is now carried will be gathered from a single instance. An instrument is wanted; it may be one of trifling cost. Forthwith the medical superintendent (we presume he is ordered to do so) sends out requests for estimates from the surgical instrument makers and the Medical Supply Association. If there is a difference, even to the extent of a few pence, the chances are that the lowest estimate is taken. It may follow that the surgeon finding the instrument useless naturally refuses to have it, and provides one at his own cost. Making new rules is another way of escape for this misplaced zeal. Rules are made, unmade, amended, abrogated, till no one knows what they now are. The whole is likely to be crushed under the superincumbent mass of rules. A Committee of the managers have for a year or more been engaged on this entertaining task. One of the rules sought to declare that if any member of the staff accepted a seat on the Board, he *ipso facto* should be held to have resigned his staff appointment. This rule was ultimately accepted by the whole Board by the casting vote of the chairman. It is most important to note this, because efforts have been made to evade the fact. These rules had to be revised by the Court of Contributors. That was carefully done by a Committee, whose report was received on Monday, January 18th. By a majority the revising Court struck out the rule in question, which kills the matter for another year at least. We must deprecate the spirit which certain managers of this great institution have brought into the discussion. We maintain that there should always be a definite medical representation on the Board if the hospital is to retain its prestige. It is a matter of history that members of the staff have ere now been on that Board with only advantage to the interests of the hospital. No one will dare to deny that the presence of Sir James Simpson and Sir Robert Christison at the Council seat had other than such effects. But there were men of light and leading at the Board in those days, men who were not inflated with a sense of their own importance, men who laboured with the staff to secure the highest efficiency of the hospital. The members of the present staff are working for the best interests of the hospital, the advancement of medical and surgical science, and not for their sole self-interest. But their best work cannot be done unless the whole management of the hospital is going harmoniously. If it does so the staff is quite capable of keeping up, and even advancing, the prestige which the hospital has for so long a time rightly held.

#### OPERATION FOR PERFORATION IN TYPHOID FEVER.

AN extremely interesting discussion took place at the Royal Medical and Chirurgical Society on Tuesday on the operative treatment of perforation in enteric fever. Two papers were read on two cases, on each of which Mr. Bowlby operated. Both the patients were convalescent and both recovered. In Dr. Lauder Brunton's case perforation occurred, but the symptoms were not nearly so severe or so suggestive of perforation as in Dr. Herringham's patient, in whom laparotomy revealed the fact that there was no perforation, peritonitis, or other apparently sufficient cause for the extreme gravity of the symptoms. The colon was packed with scybala, and this appears to have been the cause, for they were removed by enemata directly the operation was over, and the patient straightway recovered. Constipation and subsequent colic must therefore be borne in mind as a possible cause of alarming symptoms, and should render caution necessary in allowing long-continued



inactivity of the bowels to occur in typhoid fever. For such a course may bring about results closely simulating the accident—perforation—which prompts its adoption. The two cases form a striking contrast, and seem not only, as Dr. S. Phillips pointed out, to emphasise the difficulty of diagnosing with any certainty whether perforation has or has not taken place, but also to throw doubt on the view that perforation may be recovered from spontaneously. For in Dr. Herringham's case the symptoms justified an emphatic diagnosis of perforation, and, had not operative proof that no perforation existed been provided, it would fairly have been regarded as a case in point. Mr. Sheild referred to an interesting case in which the symptoms of perforation of the bowel occurred after typhoid fever, but were found to be due to perforation of the gall bladder. Both the patients referred to in the papers were convalescent and in good condition, and therefore bore the operation well; and it is in such cases, as Dr. Goodall pointed out, that operative measures may be expected to succeed. But it must be borne in mind that the majority of cases of perforation in typhoid fever are met with during the course of the fever when the patient is in a most unfavourable state for operation. Cases for operation, therefore, must be carefully selected, or the operation, on which Dr. Brunton and Mr. Bowlby are to be sincerely congratulated, will be discredited rather than established.

#### LECTURES AT THE COLLEGE OF SURGEONS OF ENGLAND.

THE Hunterian Oration by Mr. Christopher Heath will be delivered before the College on Monday, February 15th, at 4 P.M.; Dr. Starling's Arris and Gale lectures on the Changes in the Circulation Consequent on Heart Failure, will be given on Monday, February 22nd, Wednesday (24th), and Friday (26th), at 5 P.M.; the Erasmus Wilson Lectures by Mr. W. G. Spencer, F.R.C.S., on the Pathology of Lymphadenoid Structures on Monday, March 1st, Wednesday (3rd), and Friday (5th), at the same hour. Mr. A. W. Mayo Robson's Lectures on Diseases of the Gall Bladder and Bile Ducts and their Surgical Treatment will be given on Monday, March 8th, Wednesday, March 10th, and Friday, March 12th; and those of Professor Charles Stewart on Joints and Flexible Bonds of Union in Plants and Animals on Monday, March 15th, Wednesday (17th), Friday (19th), Monday (22nd), Wednesday (24th), and Friday (26th), also at 5 P.M. We have already announced that Mr. D'Arcy Power's lectures on Intussusception will be given on Monday, February 8th, Wednesday (10th), and Friday (12th). These lectures will be given at 5 P.M.

#### A NEGLECTED RESPONSIBILITY OF EMPIRE.

THE article which we print to-day on a Condition Necessary for the Transformation of the Malaria Crescent, by Surgeon-Major Ronald Ross, I.M.S., is a valuable contribution to our growing knowledge of an interesting, as well as a highly important, subject. In England too little attention has been paid to the many pathological and biological problems offered by malaria; but were we more cosmopolitan in our sympathies, and had we a more scientific and broader grasp of pathology; did we even attempt to rise to our imperial—including medical—duties towards our fellow-subjects in the tropics, this matter of malaria would bulk much bigger in our eyes than it does. Malaria is, perhaps, the most important disease affecting mankind. It is not so dramatic as plague or cholera, but, nevertheless, in the aggregate it is infinitely more deadly, and, therefore, proportionately, infinitely more deserving our attention. We trust Indian observers and Indian authorities will not lose sight of the humbler and more familiar disease now that such a dramatic affection as plague is occupying public attention, and that genuine investigators, like Surgeon-Major Ross, will still continue to receive every encouragement and opportunity to pursue their self-imposed inquiries into that disease, which, like the

poor, is always with them. By his observations he has effectually confuted the many followers of the Italian School, which maintains that the crescent and flagellated forms of the malaria parasite are but degeneration or involution forms possessing no significance in the life-history of the parasite. His experiment of protecting the crescent body from the influence of the atmosphere by enclosing it in vaseline and thereby repressing development, and afterwards of bursting the vaseline balloon and exposing the crescent, thereby securing development, is as beautiful in its simplicity as it is scientific in its conception and convincing in its results. Exflagellation is clearly a developmental process. We cannot say that Surgeon-Major Ross has so conclusively proved his other point, namely, that the addition of water to the blood, or the withdrawal from the blood, is the immediate cause of crescent transformation; but he certainly has proved that exposure to some influence which is not encountered in the vessels, but which is present in the air and in the stomach of mosquito and leech, is at the root of this striking phenomenon. This matter of the nature of the process of exflagellation is no trivial scientific curiosity, for on the settlement of its developmental nature hangs the future of our knowledge of the life-history of the malaria germ outside the human body—a problem possibly carrying in its train vast consequences to mankind. We congratulate Surgeon-Major Ross on what he has already accomplished, and trust it is an augury of fruitful discovery in the future.

#### LONDON POST-GRADUATE COURSE.

THE spring term (eighth year) will commence on Monday, February 15th, and classes will be formed at Blackfriars (Skin), at Bethlem (Mind), the London Throat Hospital, King's College (Bacteriology), Cleveland Street (General Medicine and Surgery), Parkes Museum (Hygiene), and at the Institute of Preventive Medicine (Clinical Chemistry). The practical character of the instruction has proved of great service to practitioners who have joined the classes. Further efforts are being made to make the teaching continuous throughout the year so as to offer facilities to medical visitors at all seasons. Entries are now being received by the Secretary, Dr. Fletcher Little, 32, Harley Street, W.

#### THE PRESIDENCY OF QUEEN'S COLLEGE, CORK.

THE pending election to the office of President of Queen's College, Cork, is exciting much interest throughout the medical profession in the South of Ireland. It is understood that the contest lies practically between Dr. Henry Corby, Professor of Midwifery in the College, and Sir Rowland Blennerhassett, Inspector of Reformatories and Industrial Schools. Professor Corby has had a long connection with the College as student and professor, and apart from the fact that the promotion of a member of the professoriate is desirable as stimulating the zeal of the professors of the College, Professor Corby's services in the medical faculty, which are now, we believe, the longest in the College, would seem to fit him peculiarly well for the office of President. The medical school forms an important integral part of the College, and for the head of a teaching institution it seems obvious that a person experienced in teaching should be chosen. The late President Sullivan was a bright example of the advantages of such appointment. He had been Professor of Chemistry in the Cecilia Street School of Medicine in Dublin, and under his guidance modern improvements had been introduced into the Cork College which have enabled the Medical School to keep pace with the advance of medical science. It is every way desirable that this historic tone should be continued, and that we should see at the head of Queen's College, Cork, a member of the teaching staff of long experience in its needs. It will be remembered that for the successful annual meeting of the British Medical Association held in Cork the College was put at the disposal of the Association for the holding of sectional meetings, and the

large botanical gardens, the splendid plant houses, and the well-equipped laboratories all exhibited the intelligent and fostering care of President Sullivan. Professor Corby has not only had a long and intimate knowledge as a member of the Council of the Cork College of the administration of the College, but as his recent pamphlet on technical education shows, he has an extensive knowledge of, and takes a deep interest in, questions affecting general education.

#### THE LONDON SCHOOL BOARD AND MEDICAL CERTIFICATES.

AN attempt by Mr. Whiteley to settle satisfactorily the vexed question of medical certificates was nearly defeated at the last meeting of the London School Board by a motion for "the previous question" by Mr. Davies. Mr. Whiteley's resolution, which was carried after considerable discussion, was: "That in cases where the magistrate or justices of the peace is or are dissatisfied with the medical certificate furnished, and in cases where the medical certificate is *prima facie* unsatisfactory, and where the certificate is signed by a registered medical practitioner, the Board's medical officer shall, in the first instance, communicate with the practitioner giving the certificate, and in the event of such certificate being ultimately acted upon, the fee of 2s. 6d. shall be paid by the Board for the confirmation of such certificate; and that so much of the resolution of the Board of July 30th, 1896, as prescribes that 'in cases where the magistrate or the justices of the peace is or are dissatisfied with the certificate furnished, the system now in operation be continued' be rescinded." In other words, in any case where the authorities dispute the accuracy of the certificate, and such accuracy be confirmed, the Board shall pay a fee or fine of 2s. 6d. to the certifier for the doubt implied or expressed; and in any case where the certificate be disputed the medical officer of the Board shall consult with the medical practitioner who has certified before any action be taken adversely. These certainly are steps in the right direction, and will tend to confirm the opinion in favour of State payment of all medical certificates required for the purpose of this Act, as in the Notification of Diseases Act. Mr. Whiteley's motion will certainly have the effect of making the School Board authorities more careful in their rejection of certificates signed by registered medical practitioners, and this in itself will lessen the existing friction between the Board and the profession; but a statement of the mover of the resolution that "he was authorised to say that if the resolution were carried it would remove all the scruples of the profession" is scarcely correct, as nothing short of payment for all medical certificates required will be satisfactory to medical men. Mr. Whiteley has gained a considerable concession by his motion; it has removed the objectionable revision of the certificate without consultation with the person certifying.

#### MEDICAL VOLUNTEERS FOR PLAGUE-STRICKEN DISTRICTS.

In another column we publish a note from Sir Joseph Fayrer, in the course of which he expresses the opinion that the proposal to send a staff of medical men with a number of nurses to the plague-stricken district in India would do a great deal of good, and would be of great use to the Indian authorities. As we have already pointed out, in no disease does treatment give better results than in plague, if it be constant, active, and decisive; and, in his remarks on the treatment of the disease in another column, Mr. Cantlie insists upon this point, and dwells also upon the importance of constant nursing attendance, a matter to which we have also drawn attention. We are glad to be able to announce that already many medical men in this country have expressed their willingness to volunteer. We have communicated with Lord George Hamilton, the Secretary of State for India, and a reply has been received from Sir Arthur Godley, K.C.B., the Permanent Under-Secretary, to the effect that Lord George

Hamilton is in communication with the Government of Bombay as to the staff of doctors and nurses required, but that at present he is not in a position to avail himself of the offers of voluntary aid. No one who knows anything of the past records or present officers of the Indian Medical Service can doubt for a moment that they will do all that it is in the power of man to do to alleviate the sufferings of the people of India; but in a great emergency such as this it is almost inevitable that in the outlying districts in which plague is now appearing they should be unable, numerically, to deal with every local outbreak. The suggestion is that volunteers from this country might be of great service in supplementing the work of the Indian Medical Service in many districts, and we feel confident that, if the call is made, it will be readily responded to.

#### THE MONTREAL MEETING.

WE are informed that Lord Lister has expressed to Dr. Roddick his intention of being present at the Montreal meeting of the British Medical Association. Dr. Roddick, during his recent visit to London, has received many other assurances of support, and of their intention to be present from well-known members of the medical profession in this country. It will be seen by the detailed article which we publish in another column that considerable further progress has been made by the local Executive Committee since the preliminary announcement made in the *BRITISH MEDICAL JOURNAL* in our illustrated article of December 5th, 1896. The question of expense is so often a matter of great importance to medical men that we may perhaps call special attention to the statement made in the article in this number to the effect that the journey to Montreal and back, including excursions in the neighbourhood of Montreal and to Niagara, need not exceed £25 for travelling, board, and lodging; the total trip occupying a few days under four weeks.

#### ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.

WE are glad to learn that a new building is now in course of erection to replace the present Royal London Ophthalmic Hospital, better known as "Moorfields." For some years past, in spite of extensive additions, the hospital premises have proved inadequate for the large out-patient practice, as well as for the accommodation of the numbers of in-patients applying for admission. The hospital authorities have consequently found it essential to obtain a site affording abundance of space and good light, even though this necessitates their leaving the present one. They have been fortunate in obtaining a piece of ground affording the desired advantages, a little north of the Honourable Artillery Company's grounds in the City Road. We understand that great care has been taken with the plans of the new building, so as to secure all the advantages that modern hospital architecture and sanitation can supply, so that the new structure may worthily represent English workmanship of the present day. Not only will the ordinary requirements of such a hospital be supplied, but unusually complete provision has been made for teaching purposes, so that "Moorfields" may maintain its reputation in this respect. The architect of the new building is Mr. Keith D. Young. It is hardly necessary to say that a large sum of money is required to meet the indicated expenditure, and we hope that the people of London will remember the necessity of helping this very deserving charity. For the purpose of bringing the present needs of the hospital before the public a meeting will be held at the Mansion House on Monday, February 1st, at 3 o'clock. It will be presided over by the Lord Mayor. The speakers will probably include Lord Thring, the Cardinal Archbishop of Westminster, the Right Hon. A. J. Mundella, M.P.; the Chief Rabbi, Mr. Percy Thornton, M.P.; Mr. Jonathan Hutchinson, F.R.C.S.; Mr. John Tweedy, F.R.C.S.; and one or two members of the committee.